

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING**  
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (OHA), Health Systems Division, Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St NE, Salem, OR 97301	(503) 945-6430
Rules Coordinator	Address	Telephone

**RULE CAPTION**

Applications for Medical Assistance at Provider Locations and a Clarification to the Drug Copay Table  
**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

August 16, 2016	10:30 a.m.	500 Summer St. NE, Salem, OR 97301	Room 160	Sandy Cafourek
Hearing Date	Time	Location		Hearings Officer

*Auxiliary aids for persons with disabilities are available upon advance request.*

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

**ADOPT:**

**AMEND:** OAR 410-120-0045 and 410-120-1230 Table 120-1230-1

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth. : ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.041, 414.025, 414.065

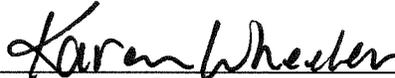
**RULE SUMMARY**

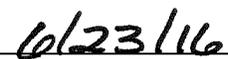
The Oregon Health Authority needs to revise OAR 410-120-0045 Applications for Medical Assistance at Provider Locations in order to reflect the new eligibility system and remove all Cover Oregon references. The Authority will also be revising OAR 410-120-1230 copayment table to clarify that the \$1 copay is for non-preferred PDL *generics*.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

August 18, 2016 by 5 p.m. Send written comments to: [hsd.rules@state.or.us](mailto:hsd.rules@state.or.us)  
**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

  
Signature

  
Printed name

  
Date

**Note:** Hearing Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*.

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Health Systems Division, Medical Assistance Programs (Division) 410  
Agency and Division Administrative Rules Chapter Number

Applications for Medical Assistance at Provider Locations and a Clarification to the Drug Copay Table  
Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-120-0045 and 410-120-1230 Table 120-1230-1

Statutory Authority: 413.042

Other Authority:

Stats. Implemented: 414.041, 414.025, 414.065

Need for the Rule(s): The Oregon Health Authority needs to revise OAR 410-120-0045 Applications for Medical Assistance at Provider Locations in order to reflect the new eligibility system and remove all Cover Oregon references. The Authority will also be revising OAR 410-120-1230 copayment table to clarify that the \$1 copay is for non-preferred PDL *generics*.

Documents Relied Upon, and where they are available: None.

Fiscal and Economic Impact: None anticipated.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, clients, the public, or businesses, including small businesses. The copay revision does not change how the claims have been adjudicated or copays assessed. It merely clarifies in rule what is assessed operationally.

2. Cost of compliance effect on small business (ORS 183.336):

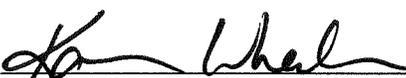
a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: The Authority has approximately 63,000 enrolled Medicaid providers. These enrolled providers range from large hospital affiliates, national Durable Medical Equipment or Pharmacy chains, to individually owned physician offices. The Division's fee-for-services providers serve approximately 10 percent of the total OHP population. The Division does not have available information to estimate the percentage of these medical practices that are small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: Amending this rule will not add additional reporting, record keeping, or other administrative activities.

c. Equipment, supplies, labor and increased administration required for compliance: Amending this rule will not impose any new equipment, supplies, labor, and increased administration requirements on small or large businesses.

How were small businesses involved in the development of this rule? Approximately two weeks prior to the rules advisory committee meeting a public notice was posted on the agency website. An invitation was emailed to more than 300 people that had expressed interest in the rulemaking process.

Administrative Rule Advisory Committee consulted?: Yes, a RAC was held on June 13, 2016. RAC invitees included representatives of large and small providers groups and associations.

    
Signature Printed Name Date

410-120-0045

### Applications for Medical Assistance at Provider Locations

(1) The Oregon Health Authority (Authority) allows Division enrolled providers the opportunity to assist patients applying for public and private health coverage offered through OHA the Authority and the Oregon Health Insurance Exchange (OHIX). Cover Oregon. To apply for this opportunity, providers fill out and submit form OHA 3128, Application Assistance by Provider Staff; this is an addendum to the provider's agreement to provide Medicaid reimbursed services. ~~at the provider's practice site.~~ Once the provider is determined certified/eligible by the Authority, to provide application assistance, providers shall will receive an approval letter, requirements for assister certification, unique assister identification number, training requirements, and other information.

(2) For purposes of this rule, the provider's practice shall will be referred to as a site. Sites can be, but are not limited, to, the following:

- (a) Hospitals;
- (b) Federally qualified health centers/rural health clinics (FQHC/RHCs);
- (c) County health departments;
- (d) Substance Use Disorder adult and adolescent treatment and recovery centers;
- (e) Tribal health clinics;
- (f) Family Planning clinics;
- (g) Other primary care clinics as approved by the Authority.

(3) The site may sign the Application Assistance by Provider Staff (OHA 3128) addendum indicating the site's willingness to provide on-site application assistance. The addendum outlines site and application assister standards as well as conflict of interest protections. The site shall requiresend all employees that will be assisting to participate in a mandatory Authority training sessions for application assistance certification. Employees must pass a tests provided at that training session before initiating application assistance service. At least one trained employee must be a permanent employee of the site. Sites shall ensure that individuals performing application assistance are recertified at appropriate times as set forth by the Authority. For purposes of this rule, certified staff shall will be referred to as "application assisters."

(4) Application assisters shall will utilize authorized methods to provide enrollment assistance. log in to the Cover Oregon portal to provide enrollment assistance. Regardless of which form of application is used, In the event that the client

~~needs require the use of a paper application, the Application assister shall will write the date the application was started and the assister's assigned assister identification number in the appropriate space on the application. Application assisters shall maintain copies of all eligibility verification documents and all records related to enrollment assistance, including the required, current OHA-provided Consent Form for six years, whether in paper, electronic, or other forms in a secure and locked location. Assistance will support patients potentially eligible for public and private health coverage offered through the Authority OHA and OHIX Cover Oregon. Sites are not under an obligation to provide application assistance to individuals other than those for whom they are providing service. medical program or Cover Oregon application assistance to individuals other than those they are providing care to. The application assister shall establish a date of request for applicants by logging into the Cover Oregon portal or writing the assister's identification number on the paper application in the appropriate place with the date the applicant requests an application. Once written on the application, the date can never be changed, altered, or backdated. The inscription must include the provider's assigned application assister site code number, in addition to the date.~~

(5) The application assister shall encourage applicants to provide accurate and truthful information, assist in completing the application and enrollment process, and shall assure that the information contained on the application is complete. The application assister shall not attempt to pre-determine applicant eligibility or make any assurances regarding the eligibility for public or private health coverage offered through the Authority OHA and OHIX Cover Oregon.

(6) The application assister shall provide information to applicants about public medical programs and Cover Oregon private insurance products so each applicant can make an informed choice when enrolling into a health insurance product. Language interpreters or interpreter services or referrals must be provided if requested by applicants including linguistically and culturally appropriate materials. ~~Language (including sign language) translators must be available if requested by applicants.~~

(a) The information given to the applicant shall, at a minimum, include an explanation of the significance of the date of request on the ~~hard copy~~ application and, a review of public medical programs and Cover Oregon private insurance products that are available, provide unbiased health coverage choices using filters embedded in the online application and information provided by the Authority OHA or OHIX Cover Oregon during the enrollment process, answer questions, and assist in filling out online or paper application forms. The information provided at these sessions may include, but is not limited to, the following:

(A) General eligibility criteria for public and private coverage accessible through the Authority OHA and OHIX Cover Oregon;

(B) Health plan choices, criteria, and how to enroll in public medical programs or OHIX Cover Oregon private insurance product choices.

(b) The application assister ~~must~~ shall make copies of the original eligibility verification documentation required to accompany the application, but not uploaded to the ~~Cover Oregon~~ ONE applicant portal.

~~(7) The site shall log into Cover Oregon portal to track applications with which they have assisted. If site uses a hard copy application, site will use reporting process provided by Authority.~~

(78) Providers, staff, contracted employees, and volunteers are subject to all applicable provisions under General Rules OAR chapter 410, division 120, and Application Assistance by Provider Staff addendum (OHA 3128):

(a) The application assister shall treat all information they obtain for public medical programs and ~~Cover Oregon~~ private insurance as confidential and privileged communications. The application assister ~~may~~ shall not disclose such information without the written consent of the individual, his or her delegated authority, attorney, or responsible parent of a minor child or child's guardian. Nothing prohibits the disclosure of information in summaries, statistical or other form, ~~which that~~ does not identify particular individuals;

(b) The Authority and sites ~~shall~~ will share information as necessary to effectively serve public medical programs and OHIX ~~Cover Oregon~~ eligible or potentially eligible individuals;

(c) Personally identifiable health information about applicants and recipients ~~shall~~ will be subject to the transaction, security, and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the administrative rules there under. Sites ~~shall~~ will cooperate with the Authority in the adoption of policies and procedures for maintaining the privacy and security of records and for conducting transactions pursuant to HIPAA requirements.

(98) The Authority shall ~~will~~ be responsible for the following:

(a) The Authority ~~shall~~ will provide training to application assisters on public medical programs and ~~Cover Oregon~~ private insurance products, eligibility and enrollment, application procedures, and documentation requirements. The Authority ~~shall~~ will set dates and times for these additional training classes as needed, following changes in policy or procedure;

(b) The Authority ~~shall~~ will make available public medical programs and ~~Cover Oregon~~ application forms online and in hard copy (in English, translated languages, and alternative formats), health insurance coverage options, assister identification number instructions, reporting guidance, and other necessary forms;

(c) The Authority and ~~Cover Oregon~~ shall ~~will~~ process all applications in accordance with Authority and OHIX ~~Cover Oregon~~ standards;

(d) The Authority and ~~Cover Oregon shall~~ will process completed applications, ~~that~~ which have satisfactory verification information, within the time requirements set forth in ~~the~~ Authority and ~~OHIX Cover Oregon~~ policy. In the event of a change in policy, the time for completion of processing shall be changed to the new time requirements.

(109) The Authority and ~~Cover Oregon shall~~ will provide all necessary forms and applications as referenced above at no cost to the site. There are no monetary provisions in this rule for any payment for the performance of work by the site, except for those costs provided under OAR 410-147-0400 and 410-146-0460. However, the parties acknowledge the exchange and receipt of other valuable considerations in the spirit of cooperation to the benefit of all by collaborating and authorizing the performance of the work. The Authority does not guarantee a particular volume of business under these rules.

(101) The provider may terminate enrollment at any time as outlined in OAR 410-120-1260(~~1514~~).

Stat. Auth.: 413.042

Statutes Implemented: 414.041

**Table 120-1230-1**

<b>OHP Benefit Package Client Co-payment Requirements (Benefit Identifier BMH, BMD, BMM)</b>	<b>OHP Plus (BMH, BMD, BMM)</b>
Acupuncture services	\$3
Ambulance services (emergency)	\$0
Ambulatory Surgical Center	\$3
Audiology services <ul style="list-style-type: none"> <li data-bbox="261 558 480 594">• Hearing Aids</li> </ul>	\$3 \$0
Chemical Dependency services <ul style="list-style-type: none"> <li data-bbox="261 634 553 669">• Outpatient services</li> <li data-bbox="261 674 932 709">• Medication dosing/dispensing, case management</li> <li data-bbox="261 714 716 749">• Inpatient hospital detoxification</li> </ul>	\$3 \$0 \$0
Chiropractic services	\$3
Dental services <ul style="list-style-type: none"> <li data-bbox="261 827 1094 972">• Diagnostic – (D0100-D0999) oral examinations used to determine changes in the patient’s health or dental status, including x-rays, laboratory services and tests associated with making a diagnosis and/or treatment.</li> <li data-bbox="261 976 992 1047">• Preventive services (D1000-D1999) routine cleanings fluoride, sealants</li> <li data-bbox="261 1052 1094 1087">• Restorative treatment or other dental services (D2000-D9999)</li> </ul>	\$0 \$0 \$3
DME and supplies	\$0
Home visits for <ul style="list-style-type: none"> <li data-bbox="261 1197 472 1232">• Home health</li> <li data-bbox="261 1236 570 1272">• Private duty nursing</li> <li data-bbox="261 1276 537 1312">• Enteral/Parenteral</li> </ul>	\$3 \$3 \$3
Hospital <ul style="list-style-type: none"> <li data-bbox="261 1352 483 1388">• Inpatient care</li> <li data-bbox="261 1392 548 1428">• Outpatient surgery</li> <li data-bbox="261 1432 643 1467">• Emergency room services</li> <li data-bbox="261 1472 526 1507">• Outpatient, other</li> <li data-bbox="261 1512 824 1547">• Non-emergent visit performed in the ER</li> </ul>	\$0 \$3 \$0 \$3 \$3
Laboratory test	\$0
Mental Health services <ul style="list-style-type: none"> <li data-bbox="261 1625 1049 1696">• Initial assessment/evaluation by psychiatrist or psychiatric mental health nurse practitioners (90791, 90792);</li> <li data-bbox="261 1701 1019 1808">• Outpatient hospital- Electroconvulsive (ECT) treatment (Revenue code 901) including facility, professional fees (90870-90871) and anesthesiology fees (00104);</li> <li data-bbox="261 1812 1065 1883">• Consultation between psychiatrist/psychiatric mental health nurse practitioner and primary care physician (90887)</li> </ul>	\$3 \$3 \$0

<b>OHP Benefit Package Client Co-payment Requirements (Benefit Identifier BMH, BMD, BMM)</b>	<b>OHP Plus (BMH, BMD, BMM)</b>
Naturopathic services	\$3
Podiatry services	\$3
Prescription drugs <ul style="list-style-type: none"> <li>• Non-preferred PDL <u>generic</u> or generics in non-PDL classes costing &gt;\$10</li> <li>• Preferred PDL generic or generics in non-PDL classes costing &lt;\$10</li> <li>• Preferred PDL brand</li> <li>• All other brands</li> </ul> Refer to OAR 410-121-0030 for PDL list PDL list is not applicable to those enrolled in <u>CMCO</u> , contact the CMCO for details.	\$1 \$0 \$0 \$3
Professional visits for <ul style="list-style-type: none"> <li>• Primary care, including urgent care by a Physician, Physician Assistant, Certified Nurse Practitioner</li> <li>• Specialty care</li> <li>• Office medical procedures</li> <li>• Surgical procedures</li> <li>• PT/OT/Speech</li> </ul>	\$3 \$3 \$0 \$0 \$3
Radiology <ul style="list-style-type: none"> <li>• Diagnostic procedures</li> <li>• Treatments</li> </ul>	\$0 \$0
Vision services <ul style="list-style-type: none"> <li>• Exams- for medical purposes or solely for glasses</li> <li>• Frames, contracts, corrective devices</li> </ul>	\$3 \$0